

Foster Family Home - Corrective Action Report

Provider ID: 1-509268

Home Name: Emmanuel Arreza, CNA

Review ID: 1-509268-8

94-1385 Hiaai Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/21/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 10/21/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/21/19.

6.(d)(1)- see applicable sections of the review.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No current APS/CAN/Fingerprinting on HHM#4.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- No current Tuberculosis clearance for CG#4 and HHM#4.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancy noted on Client #1 medication administration record and doctor's order.

Maribel Nakamine, RO
Compliance Manager

[Signature]
Primary Care Giver

10/21/19
Date

10/21/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Emmanuel Arreza

CCFFH Address: 94-1385 Hiaai Pl. Waipahu, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a) (1), (2)	I obtained a current APS/CAN/Fingerprinting on HHM #4 and placed in home binder.	11/6/19	Home understands the background check requirements. Home will use calendar and home computer to input all due dates to prevent any future lapses.
41.(b) (7)	I obtained a current TB clearance for CG #4 and HHM#4.	10/25/19 10/31/19	Home will use a spreadsheet on home computer to indentify when requirements are due 2 months before they expire to allow time to get done before they are due.
54.(c) (5)	Medication discrepancy was corrected by client's CMA, MD, and CG #1 on client's Medication Administration Record.	11/1/19	CG #1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and MD if they are different

Primary Caregiver's Signature: _____

Print Name: Emmanuel G. Arreza

Date of Signature: 11-11-2019